

MENTAL HEALTH - Clinical Outcomes Studies

PMH1

EVALUATION OF DRUG-RELATED PROBLEMS IN DEPRESSIVE PATIENTS

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OBJECTIVES: Drug-Related Problems (DRPs) occur frequently with antidepressants leading to treatment failure and increased morbidity in the depressed patient. The study was designed to collect preliminary data related to antidepressant drug related problems and treatment failure in India. **METHODS:** A cross sectional observational study was carried out for a period of four months at a mental health facility in Udupi, India. All the prescriptions of the study population were screened for Drug Related Problems (DRPs) such as ADRs and DDIs by using a computerized database system. These data were assessed for the pattern of the ADRs with respect to patient demographics, nature of the reaction, outcome of the reactions, causality, severity and preventability. **RESULTS:** A total of 120 patients were enrolled in the study and 33 of them developed 50 Drug Related Problems (DRPs), in those 24 Drug-Drug Interactions (DDIs) and 26 Adverse Drug Reactions (ADRs). The overall incidence of DRPs in the present study was 27.5%. Among the 33 patients and the significant proportions of DRPs were in female with [p<0.01] than in male. Most of the patients who had developed DRPs were in the age group of 36–55 yrs [p<0.01] followed by other age. The common ADRs observed were hyponatremia and headache. Considering outcomes, 20 (76.9%) of cases recovered from ADRs and while assessing the preventability, 20 (76.9%) of the ADRs were definitely preventable. When causality assessments were conducted, we found that that majority of ADRs were probable and were found to be mild to moderately severe. **CONCLUSIONS:** An ongoing drug monitoring program aimed at assessing common drug-related problems may be key in improving treatment effectiveness in patients with depression. The involvement of community pharmacists in a pilot psychiatric drug monitoring program in India assisted in the identification of common adverse drug related problems in these patients.

PMH2

VALUE OF AGOMELATINE IN THE TREATMENT OF DEPRESSIVE DISORDERS IN THAILAND

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A large number of depressed patients remained unremitting despite existing classes of antidepressants (SSRI, SNRI and NaSSa). Should Agomelatine, a new class of antidepressant reflect different clinical value in daily practice? **OBJECTIVES:** To evaluate clinical value and safety of Agomelatine on basis of daily practice in management of depressive disorders. **METHODS:** Newly diagnosed depressed and unremitting depressed patients diagnosed by psychiatrists (per DSM-IV criteria) were prescribed Agomelatine 25 mg daily, followed-up at week 2, 6, 12 respectively. At follow-up, efficacy of Agomelatine were assessed with the 10-items standardized Thai version MADRS, Clinical Global Improvement score (both CGI-S, CGI-I) by psychiatrists. Acceptability and safety were assessed through direct patients' interviews. **RESULTS:** 133 depressed patients, mean duration of illness of 4.3 years, mean number of episodes of 2.4. Anxiety disorder and Insomnia were diagnosed in 12.8% and 8.3% of patients respectively. 63% and 37% of patients were treated with Agomelatine as monotherapy and combination with other psychotropic agents. The efficacy assessment as reflected by mean MADRS score reduction based on MADRS severity level. The mean(±SD) MADRS score for all patients (N=133), patients with MADRS < 20(N=67), MADRS between 20–24(N=32) and MADRS ≥ 25(N=34) at baseline of 21.40(5.25), 16.91(1.75), 23.6(1.38) and 28.7(1.93) were significantly reduced with mean score reduction (95% CI) at p<0.001 by -10.2(9.3–11.1), -6.3(5.8–6.8), -11.2(10.0–12.5) and -16.9(15.5–18.2) at the end of 12-weeks respectively. The clinical global improvement of depression after 12 week measured by mean (±SD) of CGI-S and CGI-I significantly improved for all patients at 1.65(±0.79) and 3.7(±1.02) respectively with therapeutic index of 2.52 (±1.11). The reported adverse effects were mild and transient, mainly dizziness and headache. No suspect case of abnormal liver enzyme was noted. **CONCLUSIONS:** Agomelatine is a clinically effective, well-tolerated antidepressant in Thai depressed patients whatever the severity of depression. Agomelatine is endowed with moderate to high therapeutic value for management of depressive disorders in Thailand.

PMH3

CAREGIVER PERCEPTIONS ON THE BURDEN OF CARING FOR DEMENTIA PATIENTS: RESULTS FROM A CROSS-SECTIONAL HOSPITAL-BASED STUDY IN CHINA

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OBJECTIVES: Dementia is a progressive disease characterized by behavioral, functional, and cognitive deficits that affects patients and their families on multiple levels. The aim of this study was to estimate the impact of dementia care on caregivers at personal, emotional, social, professional, and financial levels in China. **METHODS:** A multicenter, cross-sectional hospital based study in dementia patients was conducted between September 2009 and December 2009 in 48 Tier 3 hospitals across seven regions of mainland China. Patients with suspected dementia and their caregivers were given the option to participate and complete an Informed Consent Form. Consented patients underwent standard dementia and subtype diagnosis using criteria from Diagnostic and Statistical Manual of Mental

Disorders (DSM-IV). Level of caregiver burden was measured using the Chinese validated Zarit Burden Interview (ZBI), which was designed to reflect the stresses experienced by caregivers of dementia patients. Costs were converted into US dollars (6.83 Yuan = 1 USD). **RESULTS:** A total of 1425 caregivers participated in the caregiver assessment interview. Results showed that dementia care had the greatest impact on the professional lives of caregivers, with 25.3% of all respondents reporting a reduction to their work schedule in the past month and a greater reduction in work hours compared with counterparts who cared for patients with newly diagnosed dementia. With regard to personal, social, and emotional well-being, most caregivers reported that dementia care had little to no impact. Costs associated with dementia care ranged \$55–\$214 (USD) and total cost averaged \$575 (USD) per month. This amount exceeds the reported per capita disposable income of urban dwellers (\$210). **CONCLUSIONS:** The results reported here are the first to describe the burden of dementia care among a cohort of caregivers in China, and provides some insight into the obstacles facing the country with the fastest growing elderly population in the world.

PMH4

PHARMACOEPIDEMOLOGY OF ANTIDEPRESSANTS IN ELDERLY PATIENTS: 12 YEARS OF EXPERIENCE

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OBJECTIVES: In Taiwan, the ratio of aging population is gradually increasing and nowadays the old age depression becomes a major issue of the mental disorder and integration disease prevention program. Also, the old age people always suffered from multiple chronic diseases; thus, the association of the diseases and medications could be studied in order to develop the geriatric pharmaceutical care model. **METHODS:** The claims database of 2000 to 2011 from the Kaohsiung Veterans General Hospital was used to select all the cases from the old age people (>65yrs.). By using the anatomical therapeutic and chemical classification system, we sort out all the depression cases of the ATC code N06A for further evaluation. All the statistical work was completed using SPSS 19.0 Base for windows. **RESULTS:** There were 92,975 cases matched the acceptance criteria and a total of 10,310 patients identified in which 6836 were male and 3474 were female. The median age for male was 79 years old whereas 76 years old for female. During the 12-year study period, the median length of drug day for male was 56 days ranged from 2 to 5,276 longer than 44 ranged from 3 to 4,868 days for female. There was statistical significance difference (p<0.01) for gender using Mann-Whitney Test. **CONCLUSIONS:** Owing to the change from off pattern drugs to generic drugs like the selective serotonin reuptake inhibitor, Prozac, the drug fee has made a remarkable decrease during these years. Instead, the tetra-cyclic antidepressant i.e. mirtazapine and the serotonin-norepinephrine reuptake inhibitors i.e. milnacipran have increased significantly.

PMH5

DOES PARTICIPATION IN A WEIGHT CONTROL PROGRAM ALSO IMPROVE CLINICAL AND FUNCTIONAL OUTCOMES FOR CHINESE PATIENTS WITH SCHIZOPHRENIA TREATED WITH OLANZAPINE?

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OBJECTIVES: This study examined whether participation in a weight control program was also associated with improvements in clinical and functional outcomes. **METHODS:** A post hoc analysis was conducted using data from the Chinese subgroup (n=330) of a multicountry, 6-month, prospective, observational study of outpatients with schizophrenia who were initiated or switched to oral olanzapine. At study entry, and each month for 6 months, participants were assessed with the Clinical Global Impression of Severity (CGI-S), and measures of patient insight and functional status. Change in level of illness severity, response rate, and time to response (all per CGI-S), impaired work activities and insight level were compared between two groups: 1) 153 patients who participated in a weight control program at study entry or during the study (WCP), and; 2) 177 patients who did not participate in the weight control program at any time during the study (NWCP). Univariate comparisons were conducted using Fisher's exact tests for categorical variables and ANOVA for continuous variables. Kaplan-Meier survival analysis was used to assess time to response. **RESULTS:** Participants had a mean age 29.0 years and 29.3 years, and 51.0% and 57.6% were female for WCP and NWCP, respectively. Average initiated daily dose for olanzapine was 9.5 ± 5.4mg. Weight control program participants gained less weight than non-participants (LS means weight change: 3.9kg vs. 4.9kg, p=0.03) and showed statistically significant better clinical and functional outcomes: greater improvement in illness severity (-2.93 vs -2.06 p<0.001), higher treatment response rates (94.1% vs 80.9% p<0.001), shorter time to response (p<0.001), higher proportion of patients without impaired work activities (p<0.001), and greater improvement in patients' insight (p<0.001). **CONCLUSIONS:** Participation in a weight control program may not only lower the risk of clinically significant weight gain in olanzapine-treated patients, but may also be associated with additional clinical and functional benefits.

MENTAL HEALTH - Cost Studies

PMH6

FACTORS ASSOCIATED WITH MEDICAL EXPENDITURE FOR DEMENTIA IN SOUTH KOREA